

LOBBYING REGISTRATION FORM

To be used for initial registrations and renewals.

1065

Lobbyist's Registration Number

FOR OFFICE USE ONLY
Postmark Date: 2/11/02

P-09

✓-H-V-L-A-1-H-L
W-11-O-T-L

1022536

Instructions

- Print in ink or type.
- Complete form and return with \$110 registration fee to the Board of Ethics, 8401 United Plaza Blvd., Suite 200, Baton Rouge, LA 70809-7017, (225) 922-1410 or (800) 842-6630.
- Initial registrations must be submitted within 5 days of (1) employment as a lobbyist or (2) first action requiring registration. Registrations expire as of December 31 unless a renewal is submitted between December 1 and January 31.

1. NAME: Sanders, Shaakirrah R.
Last _____ First _____ MI _____

2. BUSINESSPHONE: 504-568-5118

Area Code and Phone Number

3. BUSINESS ADDRESS: 601 Poydras Street, Suite 2400, New Orleans, Louisiana 70130
Street and No. _____ City _____ State _____ Zip _____

601 Poydras Street, Suite 2400, New Orleans, Louisiana 70130

MAILING ADDRESS: Street and No. _____ City _____ State _____ Zip _____

4. EMPLOYER: Locke Liddell & Sapp LLP

600 Travis Street, 3900 Chase Tower, Houston, Texas 77002

5. EMPLOYER'S ADDRESS: Street and No. _____ City _____ State _____ Zip _____

6. LIST BELOW (a) Names of persons, groups, or organizations which you represent; (b) the address of each such person, group, or organization you represent; (c) the type of business each is engaged in or the purpose or function of the organization or group; (d) whether or not the client or someone else pays you to lobby.

1. Name: Our Lady of the Lake Regional Medical Center

Address: 5000 Hennessy Boulevard, Baton Rouge, Louisiana 70808-4398

Medical Facility

Business or purpose:

NO

Does this person pay you?

Locke Liddell & Sapp LLP

If No, who pays you?

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Lobbyist's Registration Number _____

2. Name _____

Address _____

Business or purpose _____

Does this person pay you? _____

If No, who pays you? _____

3. Name _____

Address _____

Business or purpose _____

Does this person pay you? _____

If No, who pays you? _____

4. Name _____

Address _____

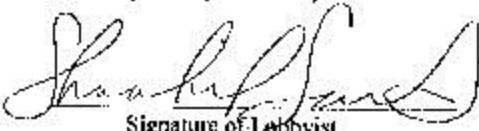
Business or purpose _____

Does this person pay you? _____

If No, who pays you? _____

CERTIFICATION OF ACCURACY

I hereby certify that the information contained herein is true and correct to the best of my knowledge, information, and belief; and that no information required by the Lobbyist Disclosure Act [LSA-R.S. 24:50 et seq.] has been deliberately omitted.



Signature of Lobbyist

